

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0011035

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1095

STATE FILE NUMBER

VS 300  
Rev. 4/59

1

23.28

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
I. H. KLEINBERGER  
MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

45 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

ST. JOSEPH'S HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY JACKSON

c. CITY

OR TOWN KAN. CITY

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 2027 VAN BRUNT

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
David Richard McDowell4. DATE  
OF DEATHMonth Day Year  
FEB. 23- 1965

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-29-1900

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MILLWRIGHT

10b. KIND OF BUSINESS OR INDUSTRY

SHEFFIELD STEEL

11. BIRTHPLACE (City and state or country)

LEXINGTON, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

FRANK McDowell

13b. MOTHER'S MAIDEN NAME

GERTRUDE CRAIGER

14. NAME OF HUSBAND OR WIFE

LENA McDowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address K.C., Mo. -  
Betty J. Haddix-5304 NO. EUCLID

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Renal Insufficiency

3 day

DUE TO (c)

Etiology Unknown

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-21-65 to 2-23-65

and last saw him alive on 2-22-65

Death occurred at

2-23-65 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

3246 St. Vln

22c. DATE SIGNED

2/24/65

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

FEB. 26-1965

23c. NAME OF CEMETERY OR CREMATORY

WHITE CHAPEL

23d. LOCATION (City, town, or county)

GLADSTONE, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

NORTH

25. DATE RECD. BY LOCAL REG.

2-25-65

26. REGISTRAR'S SIGNATURE

Beaie Smith

D.W. NEWCOMER'S SONS - KAN. CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DR. K. H. BUEGGER  
5246 ST. JOHN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John W. Halsbach*

Licensed Embalmer No.

*4949*

P. O. Address

*102 Kansas City 16, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.